

Potential Roles and Tasks for the 2010 Health System Reform Task Force

1. **OVERSIGHT OF PRE-2010 INITIATIVES** The Task Force could ensure that implementation of the All-payer Database and cHIE are on track. It could also determine how additional funding could affect use of the APD and cHIE and the impact that would have on the speed of reform. It could consider establishing target dates for the accomplishment of future APD and cHIE activities. These issues could be dealt with by the full Task Force.
Suggested forum: Health System Reform Task Force
2. **OVERSIGHT OF 2010 LEGISLATIVE CHANGES** The Task Force could make sure that the many changes made during the 2010 session to the Exchange and the overall insurance market are implemented on time and in accordance with legislative intent. This could include consideration of the following:
 - a. experiences of consumers, brokers, and employers in the Utah Health Exchange;
 - b. expansion of the Exchange January 1, 2011 to all small groups and selected large groups;
 - c. new actuary review of insurers and plans inside and outside the Exchange;
 - d. activities of the Risk Adjuster Board; and
 - e. participation in the Exchange by association groups.Suggested forum: Oversight and Implementation Workgroup
3. **IMPLEMENTATION OF COST CONTAINMENT INITIATIVES** A major stated objective of reform has been to slow the growth of medical spending as a means to maintain and expand coverage and ultimately improve individual health status. The Task Force could consider how to promote further adoption of following cost containment initiatives:
 - a. premium differentials based on participation and outcomes in wellness programs;
 - b. use of lower cost provider models (e.g., ambulatory surgery centers);
 - c. use of medical tourism;
 - d. use of alternative providers;
 - e. use of HDHP/HSAs (this could include "rebalancing" traditional and HDHP/HSA plans offered by PEHP)
 - f. creation of "integrated" health systems (See Chapter 6 of *The Innovator's Prescription* for a discussion of integrated systems and particularly pages 207–208 for a description of what an ideal employer-managed integrated health system would look like. The Task Force could explore whether the state should contract with an entity to develop an "integrated" health system for all or a portion of the state's 20,000 employees. An integrated system would be designed so that participants, including the state, profit from employee wellness and would be expected to produce significant reductions in annual spending increases.); and
 - g. promotion of "disruptive" innovation in health care (see *Innovator's*).Suggested forum: Cost Containment Workgroup
4. **DEVELOPMENT OF POLICY RESPONSES TO FEDERAL HEALTH REFORM** Many state-level decisions will be required under federal reform. The Task Force could become the focal point for the development of legislative responses. Its work could include the review of Utah executive branch recommendations and the development of a strategic response plan to maximize state flexibility (including promotion of the Utah Health Exchange as a model for nationwide adoption).
Suggested forum: Health System Reform Task Force